

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005610

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3009

Registrar's No.

93

STATE FILE NUMBER

FILED FEB 18 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jackson Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Home 1133 Brandon St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cape Girardeau

c. CITY OR TOWN Jackson Mo.

d. STREET ADDRESS (If outside, give location)

1133 Brandon

Inside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Christian Frederick Steimel

4. DATE OF DEATH

Month Day Year
Feb. 12-1963

5. SEX

M.

6. COLOR OR RACE

W.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-5-1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR
Months Days Hours Min.

11 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Public Work Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Zalma Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Chas. F. Steimel

13b. MOTHER'S MAIDEN NAME

May Taylor

14. NAME OF HUSBAND OR WIFE

Freda Steimel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Freda Steimel Jackson mo.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Delirium Tremens

INTERVAL BETWEEN
ONSET AND DEATH

2 Days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Generalized arteriosclerosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 10, 1963 to Feb 11, 1963 and last saw her him alive on Feb 11, 1963
Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
J. E. Hecker M.D.

22b. ADDRESS

Jackson, Missouri

22c. DATE SIGNED

2/19/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

2-14-1963

23c. NAME OF CEMETERY OR CREMATORY

Russell Heights

23d. LOCATION (City, town, or county)

Jackson Mo.

24. FUNERAL DIRECTOR

Deneke Laird Jackson Mo.

25. DATE RECD. BY LOCAL REG.

2-15-63

26. REGISTRAR'S SIGNATURE

Jadene Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R O Laine

Licensed Embalmer No.

45-38

P. O. Address

Jackson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.